Department of Intellectual & Developmental Disabilities

Therapeutic Services

DIDD Required Policy List
and
POLICY AND PROCEDURE SAMPLES

January 2019

Required DIDD Policies Listing
With DOH Required Policies Crosswalk and Sample Templates
Updated January 2019

DIDD contracted providers are required to prepare, maintain, and follow policies. DIDD required policies shall be in place prior to initiating services once approved as a provider. For providers of occupational therapy, physical therapy, speech language pathology, and nursing the required DIDD policies are ***in addition to*** policies required for the Professional Support Services (PSS) license through the Department of Health.

The following grid outlines the required DIDD policies.

Details regarding required DIDD policies are located **throughout** the DIDD Provider Manual in respective chapters (e.g., Protection From Harm chapter, Creation and Maintenance of Provider Records chapter, etc.). Sample policy templates are included in this packet and may be modified to meet agencies' specific needs. Agencies are *not* required to use these sample templates.

Providers are responsible for assuring they review policies on a regular basis as a part of their internal quality assurance and updated their policies as needed as DIDD requirements change.

DIDD *(Required policies are bolded along with the chapter section where the requirement is found)*
Provider Manual Chapter 13, 13.2.f.1.a Policy that ensures background checks and registry checks are completed for all employed and contracted staff having direct contact with individuals.
Provider Manual Chapter 13, 13.2.f.1.b. Initiating and employing progressive disciplinary actions.
Provider Manual Chapter 13, 13.2.f.1.c. Drug free workplace requirements.
Provider Manual Chapter 13, 13.2.f.2. Showing respect to persons supported
Provider Manual Chapter 13, 13.2.f.3. Serving as an advocate for persons supported (as appropriate)
Provider Manual Chapter 13, 13.2.f.4. Taking appropriate actions in emergency situations.
Provider Manual, Chapter 13, 13.2.f.5. Managing and reporting incidents using DIDD procedures.
Provider Manual Chapter 13, 13.2.f.6. Maintaining Title VI compliance.

Provider Manual Chapter 13, 13.2.f.7. Protecting and promoting people's rights.
Provider Manual Chapter 13, 13.2.f.8. Protection from and prevention of harm.
Provider Manual Chapter 13, 13.2.f.9. Complaint resolution.
Provider Manual Chapter 13, 13.2.f.10. Assuring staff coverage for services and adhering to service schedules.
Provider Manual Chapter 13, 13.2.f.11. Supervision plan (as applicable when using therapy assistants).
Provider Manual Chapter 13, Section13.7 Self-assessment and Internal Quality Improvement
Provider Manual Chapter 10, Section 10.8c Maintenance and confidentiality of medical records
In addition, for Nutrition and Orientation and Mobility Providers: **Provider Manual Chapter 13, 13.2.f.1.b (page 13-5) Personnel Procedures:** Job descriptions, credentials, and verification of references Ensuring a well-trained workforce Procedures for tuberculosis testing Performance evaluations
In addition, for Orientation and Mobility Providers if providing and billing for individual transportation: **Provider Manual Chapter 13, 13.2.f.4. (Page 13-5)** Transportation for Orientation and Mobility Services

AGENCY NAME

CRIMINAL BACKGROUND CHECKS
AND
REFERENCE CHECKS

Note: For specific policy requirements refer to references in the Provider Manual and the Provider Agreement. Policies need to be individualized per your agency.

A. Policy

_____ completes background checks for each staff member and/or contracted staff in accordance with DIDD requirements.

B. Objectives

To assure that statewide and/or national criminal background checks are performed for each staff and/or contracted staff member having direct contact with or direct responsibility for persons served.

C. Procedures

1. The applicant will be told that a criminal background check will be conducted;
2. Prior to assignment or change of responsibilities involving direct responsibility for or direct contact with persons served, certain information must be obtained from the applicant;
3. Background checks must be completed prior to, but no more than 30 days in advance of, employment or reassignment to direct services;
4. Required information must be submitted to the entity conducing the criminal background check;
5. Information from applicant includes:
    - A work history inclusive of a continuous description of activities during the past five (5) years;
    - At least three (3) personal references, with one of the references having known the applicant for at least five (5) years;
        i. At a minimum, the employer must directly communicate with the most recent employer and any employer who employed the applicant for more than six months within the past five years;
        ii. At a minimum, the employer must directly communicate with at least two of the personal references provided by the applicant.
    - A signed release authorizing information from the background check to be disclosed to the provider; and
    - Either fingerprint samples for a criminal history background check conducted by the Tennessee Bureau of Investigation (TBI) or Federal Bureau of Investigation (FBI) or information for a criminal background investigation conducted by a Tennessee-licensed private investigation company.

6. In addition to Title 33 criminal background check requirements, the agency will complete the following additional DIDD requirements:
    - For an individual that has lived in Tennessee for one (1) year or less, a nationwide background check is required;
    - Such nationwide background checks may be limited to those states where the person has lived during the past seven (7) years or since the age of eighteen (18) years, whichever is fewer.
    - Verifying through the State of Tennessee websites or other appropriate databases that all employees or subcontractors whose job functions include having direct contact with or direct responsibility for persons receiving services, regardless of hire date, are not listed on:

- The Tennessee Department of Health Elderly or Vulnerable Abuse Registry
- The Tennessee Sexual Offender List
- The Tennessee Felony Offender Information Lookup (FOIL)
- The Office of Inspector General's (OIG's) List of Excluded Individuals/Entities (LEIE)

7. For independent practitioners, background checks and registry checks are done during the application process and are kept on file at the DIDD Central Office.

Policy Date:

AGENCY NAME

Consent for Pre-Employment Reference and Background Checks

I recognize that any offer of employment to me by _____ is conditional upon my successfully passing reference and background screenings. I understand that _____ shall conduct Pre-Employment Reference and Background Checks thoroughly and within the confines of all applicable state and federal laws.

In consideration of_____review of my application for employment, I hereby release any individual, entity, and_____ from all claims or liabilities that might arise from the inquiry into or disclosure of such information, including claims under any federal, state, or local civil rights law and any claims for defamation or invasion of privacy.

I hereby voluntarily consent to and authorize_____ , or its authorized representative bearing this release or copy thereof, in connection with my application for employment with _____, to obtain a consumer report (no credit check will be performed) for employment purposes including:

Criminal History
Department of Motor Vehicle History
Certification and Licensing
Educational Credentials
Employment Eligibility (Social Security Number Check)
Employment Checks
Reference Checks

I authorize all persons who may have information relevant to this research to disclose such information to _____, or its agents, and I hereby release all persons from liability on account of true and accurate disclosure. I hereby further authorize that a photocopy of this authorization be considered as valid as the original. Should there be any questions as to the validity of this release, you may contact me as indicated below.

_____
Signature of Applicant Date

_____
Printed Name (First, Middle, Last, Maiden)

_____ License Number,
State

_____ - _____ - _____ _____
Social Security Number Telephone Number

_____
Address (Street, City, State, Zip)

If any additional information relative to change of name or use of an assumed name or nickname is necessary to enable a check on your background, please explain below.

_____

AGENCY NAME

EMPLOYEE DISCIPLINARY ACTION
AND
PLACEMENT ON THE TENNESSEE'S DEPARTMENT OF HEALTH ABUSE REGISTRY

Note: For specific policy requirements refer to references in the Provider Manual. Policies need to be individualized per your agency.

A. Policy

Agency will have a system to initiating/employing progressive employee disciplinary actions

B. Objective

Progressive discipline is a process for dealing with job-related behavior that does not meet expected and communicated performance standards. The primary purpose for progressive discipline is to assist the employee to understand that a performance problem or opportunity for improvement exists.

C. Procedures

a. Oral warning
    i. Identify the performance issue for the employee.
    ii. Explain to the employee how the performance issue is affecting his/her performance.
    iii. Ascertain the employee's understanding of the agency requirements.
    iv. Determine factors that are contributing to the performance issue.
    v. Determine steps to be taken to resolve the performance issue and set applicable timelines.
    vi. Files notes regarding the oral warning in the employee's personnel record.
b. Written warning
    i. Provide a written warning to the employee regarding the performance issue outlining steps to be taken in the event that performance does not improve based on specific timelines.
    ii. File the written warning in the employee's personnel record.
    iii. Meet with the employee, if applicable, to discuss details.
c. Suspension
    i. Provide written notification of suspension to the employee with details regarding the performance issue and unmet steps to resolve.
    ii. File the written suspension notification in the employee's personnel record.
d. Termination
    i. End the employment of an individual who refuses to resolve performance issues.
e. Depending on the event/performance issue, the above steps may be modified or certain steps may be skipped.
f. In certain serious circumstances (i.e. verbal/physical altercations with other employees) immediate termination can occur.
g. Investigations:

i. When notified that an investigation will be initiated, provider staff will cooperate fully with the investigator and respect the investigative process;
ii. Provider staff will not discuss the facts and circumstances being investigated with anyone except the DIDD investigator or law enforcement officers;
iii. Staff involved in an investigation of potential abuse and/or neglect of a person served will be temporarily suspended from direct person served contact or supervision of other staff who provide direct contact services pending completion of the investigation;
iv. Within fifteen (15) days of receipt of the Final Investigation Report, the provider shall notify the person investigated, in writing, of the outcome of the investigation;
v. In instances where allegations are substantiated, the provider will submit a written Plan of Correction (POC) within fourteen (14) days of receipt of the Final Investigation Report including:
    - What procedures have been implemented for protecting person's support from risk of further abuse, neglect, or exploitation;
    - What has or will be done to address late reporting (if applicable);
    - Verification that the substantiated perpetrator(s) was notified of the outcome of the investigation;
    - A statement of what, if any, disciplinary action occurred as a result of the findings of the investigation;
    - A response to any incidental findings contained in the investigative report.
vi. Abuse or neglect of a level that results in staff being placed on the TN Abuse Registry will result in immediate termination.

Policy Date:

AGENCY NAME

DRUG FREE WORKPLACE

(No template provided – reference requirement in the Provider Agreement and Tennessee Code Annotated 50-9-101)

AGENCY NAME

SHOWING RESPECT TO PERSONS SUPPORTED

Note: For specific policy requirements refer to references in the Provider Manual. Policies need to be individualized per your agency.

A. Policy

_____ will show respect to persons served during service delivery.

B. Objective

1. To show respect for persons served during service delivery.

C. Procedure

1. _____ will show respect to persons served by:
   - Scheduling appointments in advance;
   - Maintaining the schedule or contacting the person served as soon as the need to reschedule is recognized;
   - Speaking directly with the person served;
   - Calling the person served by name;
   - Considering the person's preferences;
   - Focusing on the needs and goals of the person served;
   - Explaining to the person served what is occurring during services to provide advanced notice so that the person served is informed;
   - Considering the perspective of the person served during all services provided;
   - Providing any other signs and/or actions of respect during service delivery.

Policy Date:

AGENCY NAME

SERVING AS AN ADVOCATE

Note: For specific policy requirements refer to references in the Provider Manual. Policies need to be individualized per your agency.

A. Policy

_____ will serve as an advocate for the person served and refer to external advocacy services as needed.

B. Objectives

2. To serve as an advocate for the person served.
3. To provide referrals to external advocacy to persons served as needed.

C. Procedure

2. _____ will advocate for persons served.
3. _____ will participate in the appeals process to advocate for persons served who receive an Adverse Action in regards to applicable services.
4. _____ will provide the needed information during the appeal according to the timeframe requirements.
5. _____ will assist the person served in contacting the DIDD Office of the Director of Appeals to clarify questions or concerns they have regarding the appeal process.

Policy Date:

AGENCY NAME

TAKING APPROPRIATE ACTION IN EMERGENCY SITUATIONS

Note: For specific policy requirements refer to references in the Provider Manual. Policies need to be individualized per your agency.

A. Policy

_____staff take appropriate action in emergency situations

B. Objectives

1. To ensure that appropriate actions are taken during emergency situations.

C. Procedures

1. Staff will respond within the scope of practice during emergency situations to minimize negative effects on the persons served.
2. Staff will make themselves aware of emergency exits both in the homes of individuals and agencies/settings in which services are provided.
3. Staff will follow directions from agency staff for emergency situations when providing services in homes/other agencies.
4. Staff will assist in evacuating persons served as directed in emergency situations.
5. Staff will remain with persons served as necessary during emergency situations to ensure that they are safe or until other appropriate help arrives to fulfill this role.

Policy Date:

AGENCY NAME

MANAGING AND REPORTING INCIDENTS USING DIDD PROCEDURES

Note: For specific policy requirements refer to references in the Provider Manual. Policies need to be individualized per your agency.

A. Policy

_____ will report DIDD defined Reportable Incidents and allegations of abuse or neglect with appropriate and timely responses and will ensure immediate response to the health and safety risks of persons served, staff, and others associated with each reportable incident or allegation.

B. Objectives

1. To assure the protection and safety of persons served.
2. To address issues promptly and appropriately.
3. To minimize the future risk of similar incidents or events.
4. To provide appropriate and timely response to Reportable Incidents, including but not limited to all incidents leading to serious harm or a significant risk of serious harm and all allegations of abuse, neglect or exploitation of persons served.

C. Procedure

1. _____ will comply with DIDD requirements in Incident Reporting by taking actions that may include but are not limited to:
   i. Obtaining needed medical attention for persons served, staff or others who are injured or harmed;
   ii. Immediately correcting any physical hazard that may have contributed to the incident;
   iii. Immediately reporting staff conduct that may have contributed to the incident;
   iv. Notifying the person's support coordinator/case manager of the incident, to obtain approval for additional services or supports as needed; and,
2. _____ will provide immediate (as soon as possible or within 4 hours) notification via the DIDD Investigation Hotline for all reports of alleged or suspected abuse, neglect, exploitation and serious injury of unknown cause, as well as person served deaths that are questionable or suspicious, potentially involving abuse or neglect.
3. _____ will comply with DIDD requirements in Incident Reporting by the eight basic areas listed below:
   i. By providing immediate response to the safety and/or health risks associated with each Reportable Incident;
   ii. Incidents that are defined as Reportable Incidents must be reported using the Reportable Incident Form to DIDD and the ISC/CM within one (1) business day of the time the incident occurred or was discovered using secure fax or email;
   iii. Reportable Incidents that must be reported immediately (as soon as possible but within 4 hours) must be reported to the DIDD Investigation Hotline;
   iv. Timely review or weekly review, follow up and closure of Reportable Incidents;

v. Requirements for notification of entities external to the provider organization and DIDD of the occurrence of Reportable Incidents and the DIDD investigative findings and recommendations;
vi. Timely response to findings associated with Reportable Incidents and DIDD investigations and allegations of abuse, neglect, exploitation and serious injuries of unknown origin;
vii. Trend studies of reportable incidents and any substantiated reports of abuse, neglect and exploitation involving the provider; and,
viii. Risk assessments/reviews of persons served, community homes/programs or other situations/circumstances which trend studies identify as presenting high safety risks.

4. DIDD defined events and incidents must be documented on the DIDD Reportable Incident Form.
5. In addition to the Reportable Incident Form to the DIDD Central Office, the Administrator on Duty (AOD) will be contacted by AOD pager in the event of:
   i. A person served death
   ii. A reportable medical incident resulting culminating in an unplanned hospitalization or;
   iii. A behavioral or psychiatric, missing person, sexual aggression or criminal conduct incidents when law enforcement or a Mental Health Crisis Team is involved in the scene or if the incident results in hospitalization.
6. In the event two or more provider agencies witness a reportable incident, the primary service provider has the obligation to report. When_____is the "other" agency,_____will obtain written confirmation that primary provider filed the report. If there is any doubt that the primary provider has filed the report, this provider will complete the RIF and submit it.

Policy Date:

****Please go to the DIDD website to obtain the most current copy of the REPORTABLE INCIDENT FORM***

for inclusion in your POLICIES AND PROCEDURES MANUAL.

AGENCY NAME

MAINTAINING TITLE VI COMPLIANCE

Note: For specific policy requirements refer to references in the Provider Manual. Policies need to be individualized per your agency.

A. Policy

_____will maintain Title VI compliance.

B. Objective

_____ensures that persons served receive equal treatment, equal access, equal rights, and equal opportunities without regard to race, color, national origin, or Limited English Proficiency (LEP).

_____will not exclude, deny benefits to or otherwise discriminate against any person served based on race, color or national origin.

C. General Procedures:

1. _____will designate a Title VI Local Coordinator.
2. The Title VI Local Coordinator is_____until further notice.
3. _____will provide Title VI information to all persons served face to face or by mail prior to the initiation of an initial assessment informing them who the Title VI coordinator is and how to contact in the event that they have a complaint.
4. In the event of a complaint, the Title VI Coordinator will assist the complainant in accessing the DIDD Title VI Grievance Procedures and grievance form either by accessing the DIDD website or providing the form directly to the complainant.
5. All staff will complete DIDD approved Title VI training within 60 days of employment/contracting and complete the annual refresher training thereafter to address the following:
    a. Training to ensure Title VI compliance during service provision;
    b. Training to ensure recognition of and appropriate response to Title VI violations; and,
    c. Training regarding complaint procedures and appeal rights pertaining to alleged Title VI violations for persons served.
    d. Training regarding personnel practices governing response to employees who do not maintain Title VI compliance in interacting with persons served.
6. Staff failure to maintain Title VI compliance in interacting with persons served will be required to participate in a remedial action to be determined based on the findings following the investigation of the complaint.
7. _____will complete and submit an annual Title VI self-survey in the format designated by DIDD.
8. The_____Local Title VI coordinator will maintain documentation pertaining to individual Title VI complaints for a minimum of three (3) years and will forward documents to the DIDD Regional Office Title VI coordinator per DIDD requirements.

Policy Date:

DISCRIMINATION IS PROHIBITED

TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 REQUIRES THAT FEDERALLY ASSISTED PROGRAMS BE FREE OF DISCRIMINATION. THE TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION, DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES ALSO REQUIRES THAT ITS ACTIVITIES BE CONDUCTED WITHOUT REGARD TO RACE, COLOR, OR NATIONAL ORIGIN.

Prohibited Practices Include:

- Denying any individual any services, opportunity, or other benefit for which he or she is otherwise qualified;
- Providing any individual with any service or other benefit, which is different or is provided in a different manner from that which is provided to others under the program;
- Subjecting any individual to segregated or separate treatment in any manner related to his or her receipt of service;
- Restricting any individual in any way in the enjoyment of services; facilities; or any other advantage, privilege, or benefit provided to others under the program;
- Adopting methods of administration that would limit participation by any group of recipients or subject them to discrimination;
- Addressing an individual in a manner that denotes inferiority because of race, color, or national origin;
- Subjecting any individual to incidents of racial or ethnic harassment, the creation of a hostile racial or ethnic environment, and a disproportionate burden of environmental health risks on minority communities.

Should you feel you have been discriminated against, please contact the local Title VI coordinator

Name:_____ Title: _____

Address:_____

Phone Number:_____ Fax: _____

- **Any individual may file a Title VI complaint with the below listed entities. It is preferable that complaints be registered at the local level first**.

- **Any individual may file a Title VI complaint with the below listed entities. It is preferable that complaints be registered at the local level first**.

DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILTIES
TITLE VI COMPLIANCE DIRECTOR
Vickey Coleman
901-356-6324
Vickey.Coleman@tn.gov

OR

U.S. DEPARTMENT OF JUSTICE
COORDINATION & REVIEW SECTION - NYA
CIVIL RIGHTS DIVISION
950 PENNSYLVANIA AVENUE, N.W.
WASHINGTON, D.C. 20530

(888) 848-5306 (toll free voice and TDD)

_____ _____ _____ _____

Person served or Legal Representative Date **Service Provider** **Agency Representative Date**

AGENCY NAME

PROTECTION AND PROMOTION OF PEOPLE'S RIGHTS

Note: For specific policy requirements refer to references in the Provider Manual. Policies need to be individualized per your agency.

A. Policy

_____ will ensure that staff protect the rights of persons served.

B. Objective

To ensure that persons served' rights are protected.

Procedure

1. _____ employees follow the values listed below as the basis for service delivery including::
    a. Individual Rights
    b. Promoting Self-Determination
    c. Optimal health and safety
    d. Inclusion in the community, utilizing natural supports and generic community services as much as possible
2. _____ support persons served in exercising their following rights without limitation:
    - To be treated with respect and dignity as a human being;
    - To have the same legal rights and responsibilities as any other person unless limited by law;
    - To receive services regardless of gender, race, creed, marital status, national origin, disability or age;
    - To be free of abuse, neglect or exploitation;
    - To receive appropriate, quality services and supports in accordance with an individual support plan (ISP);
    - To receive services and supports in the most integrated and least restrictive setting that is appropriate based on the person's particular needs;
    - To have access to DIDD rules, policies and procedures pertaining to services and supports;
    - To have access to personal records and to have services, supports and personal records explained so that they are easily understood;
    - To have personal records maintained confidentially;
    - To own and have control over personal property, including personal funds;
    - To have access to information and records pertaining to expenditures of funds for services provided;
    - To have choices and make decisions;
    - To have privacy;
    - To receive mail that has not been opened by provider staff or others unless the person or family has requested assistance in opening and understanding the contents of incoming mail;
    - To be able to associate, publicly or privately, with friends, family and others;
    - To practice religion or faith of one's choosing;

- To be free from inappropriate use of physical or chemical restraint;
- To have access to transportation and environments used by the general public;
- To be fairly compensated for employment and;
- To seek resolution of rights violations or quality of care issues without retaliation.
- To have access to the human rights review process and be referred to as needed, a DIDD approved Human Rights Committee for review of potential restrictions of rights.

Policy Date:

AGENCY NAME

PROTECTION FROM AND PREVENTION OF HARM

(No template provided)

Refer to the Provider Agreement and the Provider Manual, Chapter 7, Section 7.4-7.6 for policy requirements.

Provider Letterhead

Protection from Harm Statement

I [Name], certify and affirm that to the best of my knowledge and belief I have or have not (as applicable) had or received a finding of a substantiated case of abuse, neglect, mistreatment or exploitation against me. In order to verify this affirmation, I further release and authorize [Vendor_Name_Lower_Caps_as it_will_appear] and the Tennessee Department of Intellectual and Developmental Disabilities to have full and complete access to any and all current or prior personnel or investigative records as pertains to any substantiated allegations against me of abuse, neglect or mistreatment.

_____ _____

Signature Date

AGENCY NAME

COMPLAINT RESOLUTION

Note: For specific policy requirements refer to references in the Provider Manual. Policies need to be individualized per your agency.

A. Policy

_____Agency Name_____supports person served personally or through legal representatives and/or involved family members/friends to present complaints regarding the provision of services and be assured resolution to complaints and conflicts.

B. Objectives

1. To provide a procedure for persons served, involved family members and/or their legal representatives to express complaints and conflicts/issues regarding the provision of care.
2. To describe complaint resolution procedures.
3. To comply with DIDD regulations.

C. General Procedures for Complaint Resolution:

1. _____staff will provide a copy of the complaint and conflict resolution policy to persons served, involved family members and/or legal representative upon admission to the agency to ensure that information regarding complaint and conflict resolution is made available to them.
2. All attempts will be made to resolve complaints at the most local level whenever possible.
3. Complaints or other issues may be presented verbally, informally, by phone, in written form, in person or mailed to_____Name/Company__ (_____) to the attention of the Administrator.
4. The Administrator is_____Name/Company and can be reached at _____.
5. The complaint will be documented by the administrator and placed in the person's record.
6. The administrator will respond to the issue within 2 working days following receipt of the complaint.
7. If necessary, a meeting will be held with all involved parties to discuss the issue and develop a plan for resolution.
8. All complaints will be resolved within 30 days from the receipt of the complaint unless outside involvement (i.e. DIDD) or mediation is required.
9. When the issue is resolved, the administrator will document the resolution in the person's record as well as in the agency's internal complaints tracking system.
10. At any time, or if the issue is not brought to an acceptable resolution within a timely manner (no longer than 30 days), the provider or complainant/person served can request assistance from the DIDD Regional Office Complaint Resolution Coordinator to achieve resolution.
11. The administrator will track all complaints and the resolution of complaints in order to use the information during the agency's self-assessment process to utilize trends and patterns in order to initiate actions that will promote systemic improvements. The following will be tracked:
    - Date complaint received
    - Name of complainant
    - Contact information of complainant
    - Name of person served
    - ISC/CM and support agency names (as applicable)
    - Description of complaint
    - Resolution
    - Date of resolution
    - Date provider confirmed resolution with complainant

12. Retaliation by any employee of this agency against a complainant will result in disciplinary action and possible termination.
13. All Complaints Resolution System records will be made available to DIDD upon request.

Policy Date:

Complaints Resolution Coordinator's Name
Company Address
Telephone number

RECEIPT OF COMPLAINT RESOLUTION POLICY

Regarding: _____

Each person served has the right personally or through family, advocates, legal conservators, or supporters to present concerns and to recommend changes in care.

> No agency or staff member shall retaliate against or, in any manner, discriminate against any person because of a complaint made in good faith against the agency or a staff member of the agency.

I have received a copy of the Complaint Resolution Policy from

_____.

Signature: _____

Date: _____

Please return receipt by either faxing to _____

Or mail to _____

AGENCY NAME

ASSURING STAFF COVERAGE AND SERVICE SCHEDULES

Note: For specific policy requirements refer to references in the Provider Manual. Policies need to be individualized per your agency.

A. Policy

_____provides therapy services through the use of sufficiently qualified and trained staff who are available to provide the service in accordance with the schedule or the appointment time arranged.

B. Objectives

1. To ensure that services are provided to persons served by sufficiently qualified and trained staff.
2. To ensure that services are provided in accordance with the schedule completed with the person served or the appointment time arranged.
3. To provide coverage for services when staff take periods of extended leave due to illness, resignation, or other unexpected events or circumstances.

C. Procedures

1. Agency staff will assess therapy staff's caseload to ensure they are capable of accepting more referrals.
2. Agency will track approved units and units of service provided.
3. Staff will develop an appointment schedule with the person served on a monthly basis or per residential/day agency policy as applicable.
4. The person served will be notified if changes in the schedule must occur.
5. Notifications of the change in schedule will occur as soon as possible after the need to reschedule has been identified.
6. Staff will document reasons for missed visits.
7. Staff will notify the person served/home manager / family member as well as the manager of this therapy provider when there is more than one missed visit/month and/or there are other problems identified that may affect service provision provided as approved.
8. Agency will track and trend missed visits.
9. Agency and/or staff will work with the provider / family / ISC / case manager to promote services being provided as approved.
10. Agency/staff will promote continuity of care with service provision and if there are unexpected circumstances that occur, the person served, ISC and/or case manager will be given as much advance notice as possible.
11. The support coordinator or case manager will be notified with as much advance notice as possible any time that_____anticipates the staff will take an extended leave for any reason.
12. Provision will be made for coverage of services during periods of extended leave using staff who are appropriately subcontracted and trained per DIDD requirements.
13. Until further notice,_____will provide services and supervision of staff as required during extended leaves.
14. If agency needs to discontinue services for an unexpected reason, the ISC and/or case manager will be given a minimum of 60 day notice. The agency will work with the DIDD Regional Office and the ISCs/Case Managers to assure persons served locate another provider as needed for continued services.

15. The agency will continue to provide the approved service until the person served has another agency to provide the service.
16. Agency staff will assess therapy staff's caseload to ensure they are capable of accepting more referrals.

Policy Date:

AGENCY NAME

SUPERVISION PLAN FOR THERAPY ASSISTANTS

A. Policy

_____ supervises therapy assistants according to the supervision plan.

B. Objectives

1. To establish a supervision plan to address how the agency accomplishes major supervisory functions.

C. Procedures

1. Supervisory staff will assure that therapy assistants understand their job duties and performance expectations;
2. Supervisory staff will assure that therapy assistants staff possess or acquire the knowledge and skills needed to complete job duties and meet performance expectations;
3. Supervisory staff will assure that they monitor staff performance to ensure performance issues are promptly identified and rectified by requiring or providing additional training, increased supervision, counseling and/or appropriate actions;
4. Supervisory staff will provide appropriate supervision to entry level staff in accordance with state licensure requirements and practice standards.
5. Ensuring that a minimum of one (1) scheduled onsite supervisory visit is conducted every 60 days per person on the therapy assistant's caseload for Physical and Occupational Therapy Assistant's.
6. Documentation of supervision will be maintained in the personnel files.
7. The agency administrator or management designee will ensure that the act of supervision and the supervision plan will be evaluated for effectiveness and revisions completed as needed.
8. Additional supervisory requirements in accordance with the Tennessee Department of Health, Health Related Board(s) will be followed.

Policy Date:

AGENCY NAME

PERSONNEL RECORDS

Note: For specific policy requirements refer to references in the Provider Manual. Policies need to be individualized per your agency.

A. Policy:
_____ agency will maintain confidential personnel records that are subject to review during both the Department of Health and Department of Intellectual and Developmental Disabilities surveys.

B. Objective:
To identify the documents to be maintained in the personnel records.

C. Procedure:
1. Personnel records shall be kept on all employees and contracted staff for the agency.
2. Personnel records shall be maintained in a confidential manner and overseen by the agency administrator.
3. Personnel records shall include at a minimum:
    - Application
    - Resume
    - Reference Checks
    - Current professional license
    - Verification of licensure by accessing www.tn.gov/health
    - Background check results
    - Reports from checking the DOH TN Elderly and Vulnerable Abuse Registry and Sexual Offender Registry
    - Signed confidentiality agreement
    - Answer sheet to all required courses
    - Signed documentation of completion of therapeutic services orientation with the DIDD regional team
    - Required ongoing continuing education
    - Performance evaluations
    - Copy of subcontract agreement (if applicable)
    - Any disciplinary actions
    - Perpetrator history (substantiated abuse, neglect or exploitation allegations)
    - Consent forms signed by the employee to allow completion of background checks or access other employment related information
    - Job description
    - Proof of adequate medical screening to include a TB skin test (if applicable), and HIV and Hepatitis screening upon exposure
    - A copy of contracts with contracted staff.

4. Reference checks will be completed in compliance with Title 33 requirements for reference checks.
5. Personnel shall have access to their file when requested.

Policy Date:

AGENCY NAME

JOB DESCRIPTION

ADMINISTRATOR

Note: For specific policy requirements refer to references in the Provider Manual. Policies need to be individualized per your agency.

Agency:_____Job Title: Administrator –_____

Position Summary: A person who establishes policies and procedures and is responsible for the day to day activities of the agency. This person must be_____with a _____degree and at least_____-years experience in a health or disability related field.

Principle Duties and Responsibilities:

1. Maintains open communication with the Department of Intellectual and Developmental Disabilities (DIDD), Independent Support Coordination agencies and other related provider agencies. Identifies and works to resolve problems as they arise.
2. Maintains knowledge of the standards for the DIDD quality enhancement survey and coordinates preparation for these surveys.
3. Maintains working knowledge of the DIDD Provider Agreement Requirements, Provider manual and operating procedures.
4. Develops and monitors /oversees compliance with agency policies and procedures.
5. Assures compliance with maintaining professional licenses and training requirements.
6. Participates in relevant training to improve skills and knowledge in the area of providing support and services for persons with mental retardation and developmental disabilities.
7. Maintains and updates confidential personnel files.
8. Ensures confidentiality and maintenance of person served files including completing appropriate documentation as outlined in the medical record policy.
9. Exhibits a high degree of responsibility for confidential matters.
10. Oversees the agency operating budget.
11. Assumes other related responsibilities as required.

Position Requirements: The Administrator is a_____with accreditation from the_____with a_____degree and_____years of experience in a health and disability related field, inclusive of clinical experience in the area of mental retardation and developmental disabilities. This position requires the administrator to exhibit excellent interpersonal skills, verbal and written communication skills, and a willingness to maintain a flexible work schedule as needed.

_____
Signature

_____
Date Reviewed

Development Date: _____

AGENCY NAME

JOB DESCRIPTION
SPEECH-LANGUAGE PATHOLOGIST

Provider Manual-Chapter 13, 13.2.f.1b (page 13-5)

POSITION SUMMARY:
The Speech-Language Pathologist provides professional support services which may include evaluation and treatment of persons served with speech, language, hearing, oral motor or swallowing disorders.

ORGANIZATIONAL STRUCTURE:
The Speech-Language Pathologist is accountable to the Administrator or supervising designee.

RESPONSIBILITIES:
1. Completes the initial evaluation and admission for persons served admitted for speech therapy services and develops plan of care.
2. Provides treatment for persons served to relieve speech, language, hearing, and oral motor or swallowing disorders.
3. Observes, records and reports to the attending physician and other staff, the person's reactions to treatment and any changes in the person's condition or plan of care.
4. Instructs the persons served and their caregivers when applicable in the care and proper use of equipment and devices. Also advises and consults with the physician regarding the feasibility of equipment and devices.
5. Instructs other planning team personnel, family, and/or caregivers in assisting with the implementation of the Individual Support Plan when applicable.
6. Schedules and conducts treatments and consultation according to person's needs and the physician's orders.
7. Documents appropriate progress and clinical notes indicating person's response to therapy.
8. Evaluates the persons served' progress monthly and submits a monthly progress report.
9. Attends Planning Team meetings and other meetings as requested.
10. Coordinates discharge planning as appropriate.
11. Confers with other disciplines as needed.
12. Documents time, data and daily visits per company policy.
13. Completes and submits required documentation in a timely manner.
14. Maintains a positive relationship with persons served, support staff, physicians, other Planning Team members, and co-workers.
15. Maintains established agency policies and procedures, objectives, safety, environmental, and infection control policies.
16. Maintains and protects person's confidentiality.
17. Participates in required training activities.
18. Performs other duties as assigned.
19. Maintains required continuing education units to satisfy licensure needs.

POSITION QUALIFICATIONS:
- Educational Requirements: Master's level degree in Speech –Language Pathology
- Current Tennessee licensure as a Speech Pathologist
- Valid driver's license

Signature

Date Reviewed

Date Developed:

AGENCY NAME

Reference Check Control Form

Applicant Name:_____Position: _____

Personal references checked:

Name:_____ Relationship: _____

Address:_____ _

Telephone:_____Date contacted:_____
Method of contact: _____

Notes:_____ __

Name:_____ Relationship: _____

Address: _____

Telephone:_____Date contacted:_____
Method of contact: _____

Notes:_____ __

Name:_____ Relationship: _____

Address:_____ _

Telephone:_____Date contacted:_____
Method of contact: _____

Notes:_____ __

Employment references checked:

Name:_____ Employer: _____
Dates of employment:_____ Pay: _____
Address:_____
_

Telephone:_____ Date contacted:_____
Method of contact: _____
Would you rehire? _____
Reason for termination: _____

Notes:_____
_____
__

Name:_____ Employer: _____
Dates of employment:_____ Pay: _____
Address:_____
_

Telephone:_____ Date contacted:_____
Method of contact: _____
Would you rehire? _____
Reason for termination: _____

Notes:_____
_____
__

Name:_____ Employer: _____
Dates of employment:_____ Pay:
_____
Address:_____
_

Telephone:_____ Date contacted:_____
Method of contact: _____
Would you rehire? _____
Reason for termination: _____

Notes:_____
_____
__

AGENCY NAME

MAINTAINING A WELL-TRAINED WORKFORCE

Note: For specific policy requirements refer to references in the Provider Manual. Policies need to be individualized per your agency.

A. Policy

An ongoing educational program shall be planned and conducted to develop and improve skills of all personnel engaged in the delivery of professional support services in order to maintain a well-trained work force.

B. Objectives

1. To ensure adequate orientation of new staff to the agency and the interrelated systems, policies and procedures, and the employees job responsibilities.
2. To support staff in developing the skills necessary to work within the field of mental retardation and developmental disabilities, increasing their level of competence, and increasing their productivity.
3. To meet the required training standards set forth by the Department of Intellectual and Developmental Disabilities (DIDD).
4. To maintain a well- trained work force.

C. Procedures

1. Each new staff member will be formally oriented to the agency and its related systems (DIDD). This orientation will be documented and filed in the staff's personnel record.
2. The agency will assure that required DIDD orientation and training is scheduled and completed within specified time frames.
3. Documentation of all DIDD required training and/or continuing education for licensure/certification will be completed and filed in the staff member's personnel record or in an electronic training system (e.g., Relias).
4. Staff will be encouraged to cultivate their job by taking advantage of training and continuing education courses through DIDD, professional associations and agencies, university classes, and other related resources that demonstrate both the supervisor's and staff member's commitment to continuous skill development.

Policy Date:

AGENCY NAME

TUBERCULOSIS TESTING

Note: For specific policy requirements refer to references in the Provider Manual. Policies need to be individualized per your agency.

A. Policy

Agency will follow the Department of Health (DOH) recommendations for tuberculosis testing.

B. Objective

To reduce the risk of exposing persons served or others on the job to tuberculosis.

C. Procedures

a. Agency will determine upon hiring the risk level of each employee/contract staff in regards to having had exposure to tuberculosis (TB) using the DIDD Adult Tuberculosis (TB) Risk Assessment and Screening Form available on the DIDD website.

(Note: Based on the above current CDC recommendations, the Tennessee Department of Health has instituted a policy that targeted tuberculin testing of high-risk persons be performed statewide, and that tuberculin testing of low-risk groups be discouraged.)

b. If staff meets the criteria for follow-up, they will be asked to pursue a TB screening at their local health clinic or with their personal physician. The DIDD Adult Tuberculosis (TB) Risk Assessment and Screening Form and any other follow-up results will be filed in their personnel file.

Policy Date:

AGENCY NAME

PERFORMANCE EVALUATION

Note: For specific policy requirements refer to references in the Provider Manual. Policies need to be individualized per your agency.

A. Policy

A formal written performance evaluation will be conducted annually on all staff members.

B. Objectives

1. To ensure that an employee understands the responsibilities of his or her position.
2. To ensure that an employee can satisfactorily fulfill the demands of the position.
3. To facilitate communication between the employee and their supervisor in an effort to promote more effective job performance.
4. To identify performance problems.
5. To improve the performance of an employee.

C. Procedure

1. The Performance Plan and Review process is a three-step process that requires active participation of both the supervisor and the staff member including:
    - Establishment of mutually agreed upon goals and objectives;
    - Interim review of objectives; and
    - Annual performance plan and review.
2. The administrator is responsible for maintaining or delegating to supervisors the responsibility of maintaining a schedule for the Performance Plan and Review process for each staff member.
3. During orientation to the agency, each staff member shall receive appropriate orientation to the agency, including the staff's job responsibilities as outlined in the job description and completion of DIDD required training within required timelines. Documentation of this orientation must be signed and filed in the personnel record.
4. At the onset of employment, the supervisor will schedule a time to produce a performance plan together with the new employee.
5. The performance-planning meeting shall be documented indicating the attendance of the staff and supervisor. This documentation as well as a formal performance plan will be signed and dated by both the supervisor and the staff member and filed in the personnel record.
6. The following steps are to be taken in order to complete the Performance Plan and the Review process:
    - Performance plan (measurable annual goals and objectives) developed based on job responsibilities.
    - Establish priority of duties
    - Identify the standards upon which performance will be measured for each of the duties identified
    - Interim reviews (a minimum of one per year will be held between the supervisor and staff with more frequency as indicated if problems arise) to discuss progress of goals and objectives and for the supervisor to note any problems and develop a plan of action for improvement (also a time for staff to indicate needs for more support in particular areas)

- An interim performance review will be conducted to ensure that employees do not continue to provide direct services or have direct responsibility for persons served upon receipt of information indicating that an employee is convicted of criminal activity during employment (e.g., fraud, misappropriation of funds, breach of fiduciary duty) or if an employee is placed on the Department of Health's Tennessee Abuse Registry.
- Annual performance and review

7. Once the Performance Plan and Review process has been completed, the documents will be signed by both the supervisor and staff member to indicate that it has fully been fully discussed (the staff member's signature does not indicate agreement with the evaluation, only that the formal discussion has taken place). The staff member will have the opportunity to make comments in response to the performance review on the document itself or as an attached document.
8. A final signed copy of the performance evaluation will be kept on file in the personnel record.

Policy Date:

AGENCY NAME

MAINTENANCE AND CONFIDENTIALITY OF MEDICAL RECORDS

Note: For specific policy requirements refer to references in the Provider Manual. Policies need to be individualized per your agency.

A. Policy

A medical record shall be developed and maintained for each person admitted to the agency in a manner which will protect the privacy and rights of the person's health information.

B. Objectives

1. To maintain required documentation.
2. To note progress towards Individual Support Plan (ISP) outcomes/actions.
3. To facilitate integration of services.
4. To adhere to state and federal laws regarding maintenance of privacy of health information as required by the Health Insurance Portability and Accountability Act (HIPAA)
5. Establish procedures for HIPAA compliance.

C. Procedures

1. A medical record containing past and current findings in accordance with accepted professional standards will be maintained for every person served receiving professional support services.
2. The records will be stored in a manner that maintains the confidentiality of the information contained by preventing inappropriate access to the records.
3. Information contained in the records will be legible, clear, concise, complete and current.
4. Information will be factual.
5. Information will be organized in a systematic and chronological format.
6. Information will be written in ink or recorded in a typed/printed format.
7. Errors will be corrected by marking through the incorrect entry with a single line and recording the date and initials of the person correcting the entry.
8. Information documented in the person served records will be dated and authenticated by the signature and title of the person recording each entry.
9. Abbreviations will be spelled out in complete form followed with the abbreviation in parenthesis, when written the first time on a document.
10. Documentation signatures must be in compliance with the DIDD policy for electronic/digital signatures as applicable.
11. Records will be maintained at **Name/Company address**_____.
12. The administrator will be responsible for records maintenance.
13. Required components of the record will be identified in the Table of Contents.
14. In addition to the physician's orders, assessment, and plan of care, the record shall contain:
    - Appropriate identifying information
    - The person served or his/her designee's written consent for professional support services.
    - Name of referring agency
    - A diagnosis
    - All medications and treatments pertinent to services being provided
    - Plan of care/ recommendations based on assessment
    - Actions in the ISP

- Clinical notes written on each day services are provided containing the name of the person served; time the service began and ended; purpose of the contact including the ISP action step or outcome addressed; type of service provided; training provided to direct support staff or family; data collected to evaluate progress in achieving outcomes including assessment of the person's response to implementation of staff instructions and therapy services; status of equipment pending approval or delivery; plans for follow up or changes in staff instructions, therapy plan of care or ISP; units of service used during the contact period and clinical service practitioner name, credentials and date of contact.
- Monthly Review for any month during which clinical services are provided including, number of visits scheduled for the month and actual number of visits that occurred; an explanation for the reason for any missed visits or units of service approved but not used; conclusions as to whether the clinical service plan and staff instructions developed by the provider are meeting the person's needs; recommendations for continuation, reduction or increase in service units or discharge from clinical services as appropriate; documentation of staff training provided or planned; and clinical service provider signature, credentials and date the monthly review was completed.

15. Clinical notes shall be submitted no less than weekly to the administrator (if applicable).
16. Discharge summaries shall be written, dated and signed within seven (7) days of discharge.
17. The discharge summary shall include the name of the person served being discharged; a summary of service provided; the status of the person at discharge; progress in implementing the clinical service plan of care and completing or meeting the ISP action steps and outcomes; recommendations regarding maintaining status at time of discharge; indicators for resuming services if applicable or appropriate; clinical service practitioner's name and credentials with the date the discharge summary was completed and the effective date of discharge.
18. All medical records, written, electronic, graphic or otherwise acceptable form, will be retained in their original or legally reproduced form for a minimum period of at least ten (10) plus one (1) years after which such records may be destroyed.
19. Records destruction shall be accomplished by burning, shredding or other effective method in keeping with the confidential nature of the contents. The destruction of records must be made in the ordinary course of business, must be documented in accordance with the agency's policies and procedures, and no record may be destroyed on an individual basis.
20. Even if the agency discontinues operations, records shall be maintained as mandated by this chapter and the Tennessee Medical Records Act (T.C.A.§§ 68-11-308). If a person served is transferred to another health care facility or agency, a copy of the medical record or an abstract shall accompany the person served when the agency is directly involved in the transfer.
21. Medical records information shall be safeguarded against loss or unauthorized use. Written procedures govern use and removal of records and conditions for release of information. The person's or authorized person written consent shall be required for release of information when the release is not otherwise authorized by law.
22. For purposes of this rule, the requirements for signature or countersignature by a physician or other person responsible for signing, countersigning or authenticating an entry may be satisfied by the electronic entry by such a person of a unique code assigned exclusively to him or her, or by the entry of other unique or mechanical symbols, provided that such person has adopted same as his or her signature in accordance with established protocol or rules.
23. Records shall be organized and maintained in such a way that they are available for review with reasonable notice by the Department of Intellectual and Developmental Disabilities and other entities as outlined in the Provider Agreement and Provider Manual.
24. _____will refrain from disclosure of Protected Health Information (PHI) except as permitted by the provider agreement or allowed/required by law.
25. _____will safeguard PHI in the course of daily operations. PHI will be transmitted in a secure manner (e.g., secure email, etc.)

26. _____ will report to DIDD any use or disclosure of PHI prohibited by the provider agreement or applicable law when such use or disclosure is initially discovered.

27. Ensure that any agents, including subcontractors, to whom PHI is provided to or received from, or who create protected health information, agree to the same restrictions and conditions that apply to the DIDD provider business associate.

28. Designate a Privacy Officer, responsible for development and implementation of HIPAA- compliant policies and procedures and for responding to HIPAA-related complaints.
    _____ is the Designated Privacy Officer.

29. Identify the level of access of PHI necessary for each staff person to complete designated job responsibilities.
30. Train staff regarding HIPAA requirements and document such training.
31. Obtain signed confidentiality statements from staff.
32. Establish disciplinary actions for staff that do not adhere to HIPAA related policies.
33. Assure that PHI is not left unattended or visible in public areas.
34. Honor persons served rights to access records as specified in HIPAA by the following:
    - Allow persons served to see their records;
    - Provide copies of personal records to the person served upon request;
    - Provide information to persons served about how information is used and shared;
    - Respond to requests from persons served to restrict the used and/or disclosure of personal information;
    - Respond to requests from persons served to change information in records that is incorrect;
    - Provide persons served a list of people or entities who have obtained information from their records;
    - Honor requests from persons served that certain health information not be shared, and;
    - Honor requests to rescind consents to share information.

Policy Date:

SELF-ASSESSMENT AND QUALITY ASSURANCE

Note: For specific policy requirements refer to references in the Provider Manual. Policies need to be individualized per your agency.

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A. Policy

_____ will engage in ongoing self-assessment and internal quality assurance and will participate in external quality assurance surveys.

B. Objectives

1. To assure active participation in the DIDD quality assurance process.
2. To self-assess the quality of professional support services provided.
3. To assist the agency in using its personnel to meet individual and community needs.
5. To identify and correct deficiencies which undermine the quality of services.
6. To provide opportunities to evaluate the effectiveness of agency policies, and when necessary, make recommendations for changes needed to assure quality service provision.
7. To track and trend internal data related to documentation and record keeping, incidents, investigations, complaints, etc. to determine individual or systemic changes needed to assure quality service provision.
8. To identify training needs.
9. To establish criteria to measure the effectiveness and efficiency of the professional support services provided to persons served.
10. To obtain feedback from the person or the person's legal representative regarding satisfaction with services.

C. Procedures for External Quality Assurance

1. _____ will participate in the Department of Intellectual and Development Disabilities (DIDD) Quality Assurance Surveys or any focused agency reviews as scheduled.
2. Upon identifying issues, _____ will complete a Quality Improvement Plan as indicated following the Quality Assurance Survey.
3. _____ will seek necessary technical assistance from DIDD or other external sources as needed to improve the quality of service provision.
4. _____ will take part in mandated technical assistance as sanctioned.

D. Procedures for Internal Quality Assurance/Self-Assessment

1. _____ will complete an annual provider self-assessment consisting of ongoing review of the effectiveness of internal systems and service provision. The following components will be included in self-assessment activities throughout the year, but at a minimum annually prior to each Quality Assurance survey:

a. Records management processes;
b. Trends in any incident reports completed or investigations involving clinical staff;
c. Review of external monitoring reports and identification of any trends;
d. Review of any personnel practices, including staff recruitment and hiring, staff training, and staff retention and turnover;
e. Review of policies and procedures and any updates/revisions needed;
f. Review of a sample of services provided, including persons supported discharged from services, to identify documentation issues and service effectiveness;
    - Results/trends of monthly chart audits utilizing the Quality Assurance Survey Tool (2 per month per discipline) to assure the following:
        - Services being provided are justified in the assessment by comparing the services to the assessment report;
        - Services being provided are accurately reflected in the ISP as actions/support goals by comparing the service documentation to the ISP;
        - Services provided are being implemented in accordance with the CMS waiver, TennCare rules, and the DIDD Provider Manual by referring to the rules for each entity;
        - Services are being implemented in a timely manner according to the service authorization;
        - Clinicians utilize appropriate resources to assure timely resolution of issues/barriers affecting the services they are providing;
        - The licensed therapist completes a monthly reassessment or services onsite to determine that the plan of care is still meeting the individual's needs and progress is occurring;
        - The licensed therapist supervises a designated therapy assistant a minimum of every 60 days, onsite, to ensure the assistant is properly carrying out the plan of care (ISP outcomes/actions);
        - The licensed therapist develops and trains staff on needed staff instructions for health and safety issues within 30 days of initiating services.
        - Discharge summaries are completed including required elements;
        - Services billed to DIDD are provided face to face and do not include documentation (unless otherwise specified per waiver definition), phone calls, or meetings;
        - Authorized units are utilized or documentation indicates why units are not all used;
        - Required documentation is completed and distributed in a timely manner (i.e. Assessments within 30 days of authorization, monthly reviews to the ISC by the

20th or the following month, reassessments and risk identification tools to the ISC no later than 90 days prior to the ISP effective date);

g. Review of satisfaction survey processes and results;
h. Steps taken or changes made in response to internal and external review findings including any sanctions and/or recoupments imposed;
i. Ways the information gained through self-assessment is communicated to other agency staff or those outside of the agency as appropriate.

2. Issues or areas of concern identified from the self-assessment process will be utilized in Quality Improvement Planning:
    - Quality Improvement Planning consists of documentation of the area of concern on a Quality Improvement Plan form.
    - Documentation of solutions to the concerns are listed, discussed with the appropriate parties and;
    - The solution is implemented or issue resolved with the person served.
    - Feedback is sought from the person served or ongoing self-assessment process after the implementation of the solution to determine if satisfaction/improvement is achieved.

Policy Date:

AGENCY NAME

HOME AND COMMUNITY BASED WAIVER
THERAPEUTIC SERVICES
SATISFACTION SURVEY

Date of survey:_____

Name of person served:_____

Name of person completing survey (if not the person served):_____

Relationship to person served:_____

Where does the person served live? Home with family_____Residential/Supported living_____

How long have you been receiving therapeutic service?_____

Please provide an explanation if you answer no, sometimes, or don't know.

Question	Yes	No	Sometimes	Don't know	Not applicable
1. Did the Service provider introduce him/herself to you and your staff/family on the initial visit?					
2. Did the Service provider explain why he/she was there and what he/she was going to do?					
3. Was the Service provider respectful of you and your needs?					
4. Were the staff instructions for therapeutic services easy to follow and understand?					

Question	Yes	No	Sometimes	Don't know	Not applicable
5. Did the Service provider respond to your requests, complaints and issues in an appropriate and timely manner?					
6. Did the therapeutic service help you meet your ISP outcome(s)?					
7. Were you satisfied with the services and supports?					
8. Do you feel that these services have made a positive difference in your life?					

9. What suggestions would you have to improve Therapy services?

TRANSPORTATION

<u>Note:</u> For specific policy requirements refer to references in the Provider Manual. Policies need to be individualized per your agency.

Policy:

_____ will provide transportation for orientation and mobility training services as needed to fulfill services delegated in the person's Individual Support Plan (ISP) agreed upon within the circle of support and planning team. _____ will follow transportation procedures as set forth in the DIDD Provider Manual.

Objectives:

1. To assure a lack of transportation on the part of the person served or his/her residential/day/personal assistant agency, does not impede the ability to provide orientation and mobility services.
2. To promote safe provision of transportation services.

Procedures:

1. COMS vehicles used to transport persons served must have operable seat belts;
2. COMS will ensure that persons served are transported using seat belts in the proper manner;
3. COMS vehicles used to transport persons served must be safe and have current tags and registration;
4. COMS will ensure mobility support needs applicable to transportation will be met in accordance with the ISP or staff instructions;
5. COMS will maintain a copy of the vehicle liability insurance certificate for vehicles used to transport persons served;
6. Each vehicle used to transport persons served must have the following first aid supplies:
    a. Assorted sizes of gauze pads and rolls of gauze;
    b. A triangular bandage;
    c. Assorted sizes of band-aids;
    d. Non-allergic tape;
    e. Plastic waste bags, preferably red biohazard bags;
    f. Disposable gloves;
    g. Hand cleaner such as soap and water, antiseptic pads or wipes, etc. for first aid kits to be used when the person served is away from home;
    h. A small flashlight with extra batteries;
    i. Disposable scissors and tweezers; and
    j. Liquid antibacterial soap.
7. COMS will not charge persons served or persons served' families for any of the cost incurred for routine maintenance, cleaning of vehicles or cellular telephone.

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Policy Date: